

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | E.H      |        | 07-03-01 |
| O.I.P.E. CLASSIFIER       | CH       | 1000   | 7-12-01  |
| FORMALITY REVIEW          |          | 082    | 7-12-01  |
| RESPONSE FORMALITY REVIEW | WJ       | 825    | 11-4-01  |

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 : ..... Restricted O ..... Objected

| Claim    | Date     |
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| Final    | 12/6/01  |
| Original | 11/15/01 |
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| Claim    | Date |
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| Claim    | Date |
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C-3-8If more than 150 claims or 10 actions  
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